

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/26/04
Application Type:: Divisional
Subject Matter:: Utility
Title:: METHODS, SYSTEMS, AND KITS FOR LUNG
VOLUME REDUCTION

Attorney Docket Number:: 017534-000740US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 11
Total Drawing Sheets:: 16
Small Entity?: Yes
Petition included?: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RODNEY
Middle Name:: A.
Family Name:: PERKINS
City of Residence:: Woodside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 235 Mountain Wood Lane
City of Mailing Address:: Woodside
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: PETER
Middle Name:: P.
Family Name:: SOLTESZ
City of Residence:: San Jose
State or Province of Residence:: CA
Street of Mailing Address:: 4975 Miramar Avenue
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ROBERT
Family Name:: KOTMEL
City of Residence:: Burlingame
State or Province of Residence:: CA
Street of Mailing Address:: 116 Bloomfield Road
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94010

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/898,703	07/02/01
09/898,703	Divisional of	09/347,032	07/02/99
		(Pat. No. 6,287,290)	

Assignee Information

Assignee Name::	PULMONx
Street of mailing address::	1049 Elwell Court
City of mailing address::	Palo Alto
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94303